

**CARLSBAD HOUSING AGENCY
TENANT-BASED RENTAL ASSISTANCE PROGRAM**

WAITING LIST UPDATE FORM

For Office Use Only.

HEAD OF HOUSEHOLD'S LAST NAME: _____

FIRST NAME: _____ SOC. SEC NUMBER: _____

PHYSICAL ADDRESS: _____
Street & Apt. No. City State Zip

MAILING ADDRESS (if different): _____
Street & Apt. No. City State Zip

TELEPHONE NO: _____ WORK NO: _____ MSG. NO : _____

HOUSEHOLD COMPOSITION: (List all persons who **WILL BE** living in the assisted unit.)

NAME	H/H STATUS	RELATIONSHIP	SEX	AGE	BIRTH DATE
1.	<input type="checkbox"/> ADD <input type="checkbox"/> REMOVE		<input type="checkbox"/> Male <input type="checkbox"/> Female		
2.	<input type="checkbox"/> ADD <input type="checkbox"/> REMOVE		<input type="checkbox"/> Male <input type="checkbox"/> Female		
3.	<input type="checkbox"/> ADD <input type="checkbox"/> REMOVE		<input type="checkbox"/> Male <input type="checkbox"/> Female		
4.	<input type="checkbox"/> ADD <input type="checkbox"/> REMOVE		<input type="checkbox"/> Male <input type="checkbox"/> Female		
5.	<input type="checkbox"/> ADD <input type="checkbox"/> REMOVE		<input type="checkbox"/> Male <input type="checkbox"/> Female		

(For additional members of your household, attach a separate sheet listing the same information as above.)

HOUSEHOLD INCOME: (Report **ALL** income.)

<u>FAMILY MEMBER</u>	<u>LIST ALL MONTHLY INCOME</u> (Gross Amount)
1.	
2.	
3.	

Total Gross Monthly income of all Household members: \$ _____

CURRENT HOUSEHOLD STATUS : Please check "YES" or "NO" for each of the following situations.

- Do you, your spouse or co-head **work** in the City of Carlsbad? YES ☐ NO ☐
- Are you, your current spouse, or deceased spouse a U.S. **Veteran**? YES ☐ NO ☐
- Are you or your spouse **disabled** or **handicapped**? YES ☐ NO ☐
- Are you currently **homeless in the City of Carlsbad?** (Lacking a fixed regular night time residence, sleeping in a place not designed as regular sleeping accommodations, or living in a shelter) YES ☐ NO ☐
- Are you being involuntarily displaced (required to move) due to governmental action?
If yes, explain _____ YES ☐ NO ☐
- Does anyone outside of your household pay for any of your bills or give you money?
If so, please explain: _____ YES ☐ NO ☐
- Are you or any member in your household subject to a lifetime sex offender registration?
If yes, please write name of offender: _____ YES ☐ NO ☐

PLEASE NOTE: All statements on this update application must be true and complete. It is your responsibility to notify the Housing Agency, in writing, if you have a change in address, income, or family composition.

IMPORTANT: FAILURE to reply to any correspondence, requests for updated information or appointments will result in your application being deleted from the Tenant-Based Rental Assistance Program Waiting List.

Warning: 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing any false, fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000, or imprisoned for not more than five years, or both.